

ATTORNEY DOCKET NO. 08184.0003U2
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
Banet, et al.) Art Unit: 3661
)
Patent No. 6,604,033) Examiner: **Michael J. Zanelli**
Application No. 09/776,033)
) Confirmation No. 8738
Issued Date: August 5, 2003)
Filing Date: February 1, 2001)
)
For: "WIRELESS DIAGNOSTIC SYSTEM)
FOR CHARACTERIZING A)
VEHICLE'S EXHAUST EMISSIONS")

TRANSMITTAL LETTER

Mail Stop M CORRESPONDENCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

- ☒ Fee Address Indication Form
☒ Revocation of Prior Power of Attorney, Appointment of New Power of Attorney, and Statement under 37 C.F.R. § 3.73(b)
☒ No Additional Fee Required


| CLAIMS AS AMENDED | | | | | | |
|--|--|--|---|---|---|------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE | |
| Total Claims | | | | X \$50.00 | \$ | |
| Independent Claims | | | | X \$200.00 | \$ | |
| <input type="checkbox"/> First Presentation of a Multiple Dependent Claim | | | | + \$360.00 | \$ | |
| EXTENSION FEE | 1 st Month \$120 <input type="checkbox"/> | 2 nd Month \$450 <input type="checkbox"/> | 3 rd Month \$1020 <input type="checkbox"/> | 4 th Month \$1590 <input type="checkbox"/> | 5 th Month \$2160 <input type="checkbox"/> | \$ |
| <input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) - | | | | | | - \$ |
| TOTAL FEE DUE | | | | | | \$ |

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PATENT NO. 6,604,033

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$**** for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.



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